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<http://dpbh.nv.gov>

**Request for Applications (RFA): Development of Prospective CCBHCs 2018**

For

**Certified Community Behavioral Health Clinics**

**Release Date: June 1, 2018**

**Questions to be Submitted: On or before June 19, 2018, 12:00 p.m. PST**

Must be submitted to [CCBHC@health.nv.gov](mailto:CCBHC@health.nv.gov),  
with **RFA CCBHC 2018** in the subject line of the email.

**Technical Assistance Call In: June 19, 2018, 1:00 p.m. PST**

Call in number: (888) 636-3807, Access Code: 1961091

**Deadline for Application Submission: July 7, 2018**

*For additional information, please contact:*

**Dennis Humphrey, Bureau of Behavioral Health Wellness and Prevention**  
Division of Public and Behavioral Health, Department of Health and Human Services  
4126 Technology Way, Suite 200  
Carson City, NV 89706  
Phone: (775) 684-2212  
Email address: [dhumphrey@health.nv.gov](mailto:dhumphrey@health.nv.gov)

Dear Interested Parties and Potential Sub-grantees:

The Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention (BHWP), announces the availability of an estimated \$1,200,000 in funding for developing infrastructure for organizations to become prospective Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are a new provider type in Medicaid designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.


Up to six (6) awards will be funded with a maximum budget of \$200,000 per potential CCBHC for 12 months. A completed Integrated CCBHC Certification Criteria Feasibility and Readiness Tool (I-CCFRT), scope of work, budget, and spending plan must be submitted with the application for funding. All funding is subject to change, based on availability. Applications will be evaluated by region to allocate resources across the state and avoid overlapping of service territories.

Completed applications must be received no later than **Friday, 07/06/2018 at 5:00 PM (PST)**.

Thank you,

Dennis Humphrey  
Bureau of Behavioral Health Wellness and Prevention  
Division of Public and Behavioral Health  
Department of Health and Human Services  
4126 Technology Way, Suite 200, Carson City NV 89706  
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## INTRODUCTION

### Purpose of Request

The Nevada Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention is seeking applications from qualified agencies/organizations to develop their internal capacity to become a prospective Certified Community Behavioral Health Clinic (CCBHC), thereby expanding availability of CCBHCs in Nevada.

The CCBHC certification criteria (Criteria) will assess a potential CCBHC's ability to achieve the following:

- Provide the most complete scope of services as described in the Criteria to individuals eligible for medical assistance under the State Medicaid program;
- Improve availability of, access to, and participation in, services described in the Criteria to individuals eligible for medical assistance under the state Medicaid program; and
- Improve availability of, access to, and participation in assisted outpatient mental health treatment in the State.

CCBHCs are reimbursed for behavioral health services and care coordination under a Prospective Payment System (PPS) negotiated with Medicaid as part of the developmental sub-grant. Applicants must commit to the process to be eligible to be a CCBHC and provide cost and other data subject to verification, as required in the Criteria. The State may also request additional clarification from the applicant for the validation of information. All applicants must have the existing capability to bill for Medicaid services.

*Please note:* Applications will be reviewed by geographic region to expand the availability of CCBHCs throughout the State and to mitigate overlap of service territories.

Agencies/Organizations previously designated as CCBHCs in Nevada are not eligible to apply for this developmental support for their current sites but may apply to develop the capacity to operate a new CCBHC in another distinct geographic area.

### Objectives of this RFA

This RFA is being developed from Federal funds to accomplish the following objectives:

- Identify agencies or clinics that **have the potential** to become certified as CCBHCs;
- Provide technical assistance, training, programs and guidance to selected applicants to move towards eligibility to be certified as CCBHCs;
- Develop the CCBHC model as defined by Federal criteria throughout Nevada; and
- Provide a comprehensive range of services and evidence-based practices for all age groups, with services being fully coordinated and integrated.

The objective of this RFA is to identify up to six (6) qualified applicants who can meet CCBHC certification criteria, with technical assistance, and be certified. This RFA does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel the solicitation if it is considered to be in the State's best interest. All costs incurred in responding to this RFA will be borne by the applicant(s). In the event no qualified applicants are identified as a result of this RFA, the State reserves the right to perform alternate measures to identify potential applicants.

## **Funding Availability**

Applications funded under this RFA will be eligible for up to \$200,000 to be expended within a twelve-month budget period. Up to six applications will be selected for funding. Applications will be reviewed and scored by service territory to support access to behavioral health care across Nevada. This project will provide an opportunity for agencies or non-profits to develop the capacity to meet service requirements and potentially be designated as a CCBHC and therefore qualify to receive enhanced fees for individuals covered for routine outpatient behavioral health services, following certification/designation.

## **DESCRIPTION OF THE CCBHC PROGRAM INITIATIVE**

Nevada will provide technical assistance and support to certify additional entities as CCBHCs. This project is an opportunity to expand a new and innovative way of providing and paying for behavioral health care by enhancing and expanding the services provided by Nevada's behavioral health providers while establishing a sustainable payment structure for those services. Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders.

CCBHCs must serve anyone who is eligible for the services provided and must provide sliding fee payment options for people who lack insurance and/or the ability to pay. CCBHCs must serve members of the armed forces and military veterans. CCBHCs must have the capability and capacity to bill Medicaid, have an electronic health record (EHR), and not be excluded as a provider for Medicaid. More information regarding the federal requirements is available at: [www.samhsa.gov/section-223](http://www.samhsa.gov/section-223).

### **What is a CCBHC? ([www.TheNationalCouncil.org](http://www.TheNationalCouncil.org))**

The Excellence in Mental Health Act demonstration established a federal definition and criteria for certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

CCBHCs are responsible for providing nine types of services with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care.

#### **CCBHCs must provide:**

- (1) crisis mental health services;**
- (2) screening, assessment and diagnosis;**
- (3) patient-centered treatment planning;**
- (4) outpatient mental health and substance use services;**
- (5) primary care screening and monitoring\*;**
- (6) targeted case management\*;**
- (7) psychiatric rehabilitation services\*;**
- (8) peer support, counseling and family support services; and**
- (9) services for veterans\*.**

*(\*May be provided directly by CCBHC or through contract with Designated Collaborating Organization.)*

**Comprehensive Care is Key:** The service selection is deliberate, expanding the range of care available. CCBHCs provide a comprehensive collection of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recover, wellness, trauma-informed care, and physical-behavioral health integration. Comprehensive care includes, but is not limited to, the following criteria:

- ***24/7/365 crisis services*** to help people stabilize in the most clinically appropriate, least restrictive, least traumatizing and most cost-effective settings;
- ***Immediate screening and risk assessment*** for mental health additions and basic primary care needs to ameliorate the chronic co-morbidities that drive poor health outcomes and high costs for those with behavioral health disorders;
- ***Easy access to care*** with criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence;
- ***Tailored care for active duty military and veterans*** to ensure they receive the unique health support essential to their treatment;
- ***Expanded care coordination*** with other health care providers, social services providers and law enforcement, with a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services;
- ***Commitment to peers and family***, recognizing that their involvement is essential for recovery and should be fully integrated into care.

**Who is served by CCBHCs?** CCBHCs are available to any individual in need of care, including, but not limited to, people with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness and substance use disorders and complex health profiles. CCBHCs will provide care regardless of ability to pay, caring for those who are underserved, have low incomes, are insured, uninsured or on Medicaid, and those who are active duty military and veterans.

**CCBHC Model Information** – Additional CCBHC information is available on the following websites:

Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Certified Behavioral Health Clinics:

- <http://dpbh.nv.gov/Reg/CCBHC/CCBHC-Main/>

Substance Abuse and Mental Health Services Administration:

- <http://www.SAMHSA.gov>

Centers for Medicaid and Medicare Services (CMS):

- <http://www.CMS.gov>

### **What may be covered by this funding opportunity?**

Costs necessary for organizations to develop their capacity to be designated a Nevada CCBHC. Each applicant agency/organization must submit a completed *Integrated CCBHC Certification Criteria Feasibility and Readiness Tool* (I-CCFRT). Utilizing the results of the I-CCFRT each applicant should develop a 100-day budget, a spend plan, and a specific scope of work to prioritize their activities in developing capacity and readiness for CCBHC designation. Budgets may not exceed \$200,000 in total

expenditures. Funds may not be carried over and must be spent within the twelve-month budget period. Capacity development activities to build out the nine required core services that may be proposed include, but are not limited to: hiring new staff and training staff in required competencies, such as care coordination and evidence-based practices; establishing care where people live and work through development or coordination with mobile crisis teams; and/or enhancing existing Electronic Health Record (EHR) systems to support care coordination, adequate data collection, and quality reporting.

Funds awarded under this announcement cannot supplant existing funds. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit.

### **Nevada's CCBHC Prospective Payment System:**

Nevada has implemented a prospective payment system (PPS) cost-based, per clinic rate that applies uniformly to all CCBHC services rendered by a certified clinic. The CCBHC PPS rate is a daily rate that is a fixed amount for all CCBHC services provided on any given day and is based on the CCBHC cost report and historical user visit volume. The PPS rate is based on total annual allowable CCBHC costs divided by the total annual number of CCBHC daily visits and results in a uniform payment amount per day, regardless of the intensity of services or individual needs of clinic users on that day. In developing the rates, Nevada may include estimated costs related to services or items not incurred during the planning phase but projected to be incurred during the demonstration.

Under the CCBHC PPS methodology, Nevada has elected to offer Quality Bonus Payments (QBP). For Nevada to make QBP, the CCBHC must demonstrate that it has achieved all required quality measures. When calculating the PPS rate, the QBP are not treated as revenue offsets against cost.

Nevada will also include in the methodology the cost of care associated with Designated Collaborating Organizations (DCOs). A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC. Payment for DCO services is included within the scope of the CCBHC PPS, and DCO encounters will be treated as CCBHC encounters for purposes of the PPS. Services of a DCO are distinct from referred services in that the CCBHC is not financially and clinically responsible for referred services.

*It should be noted that continuation of Medicaid funding for the distinct CCBHC provider type and the PPS in the next biennium is subject to budget enhancement approval. Selection as a funded prospective CCBHC or even certification as a CCBHC does not guarantee that the CCBHC provider type or the CCBHC prospective payment system will be available in the future. Nevertheless, many of the services provided under CCBHC are covered under the traditional Medicaid reimbursement model.*

### **Eligibility**

The Nevada DPBH is seeking applications from public or non-profit providers who wish to seek certification as a CCBHC. CCBHCs represent an opportunity for states to improve the behavioral health of their citizens across their lifespan by:

1. Providing community-based mental health and substance use disorder services;
2. Advancing integration of behavioral health with physical health care;
3. Assimilating and utilizing evidence-based practices on a more consistent basis; and
4. Promoting improved access to high quality care.



Proposed CCBHCs will work with the Division of Health Care Financing and Policy (DHCFP), Nevada's Medicaid agency, or its designee to develop actuarially sound rates delivered via a PPS. Funded applicants will also be required to be certified by the Bureau of Health Care Quality and Compliance before being designated a CCBHC.

This RFA is open to potential CCBHCs located anywhere in the state of Nevada that does not already have a designated CCBHC. Under federal law, only the following entities, established on or before April 1, 2014, can become CCBHCs:

- A nonprofit organization;
- Part of a local government behavioral health authority;
- An entity operated under authority of the Indian Health Service (IHS), an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination Act; and
- An entity that is an urban Indian organization pursuant to a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act (PL 94-437). Since entities operated under authority of the IHS already receive a federally determined cost-based encounter rate, Nevada does not expect CCBHC applications from these entities. However, urban Indian organizations that do not currently receive a federal encounter rate may be interested, either as CCBHCs or as entities under contract with CCBHCs (DCOs).

A private, for-profit clinic or organization cannot be a CCBHC, but it can enter into a formal agreement with a CCBHC and become a DCO. Applicants are not required to have a DCO identified at the time of applicant submittal. To be certified and include the cost of the DCO in the CCBHC rate, the CCBHC will develop a formal relationship such as a contract or other formal arrangement describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. This can be accomplished through the technical assistance support provided by the State, if the applicant is selected.

If the applicant entity is not a public agency, the response to this RFA must include evidence of an ongoing working relationship with the local (city, county or state) human service agencies in the area to be served by the potential CCBHC. See additional information in "Proposal Contents" below.

Applicants **must** be a current Medicaid provider to qualify for funding under this RFA.

### **Licenses and Certifications**

The Applicant, employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational outpatient psychiatric and/or substance use disorder clinic for children/youth and/or adults.

### **General Requirements**

#### **Acceptance of Conditions Governing the RFARFA**

Submission of an application constitutes acceptance of all terms and requirements contained in this RFARFA.

#### **Incurring Cost**

Any cost incurred by the Applicant in preparation, transmittal, and/or presentation of any application or material submitted in response to this RFARFA shall be borne solely by the

Applicant. Any cost incurred by the Applicant for set up and demonstration of the proposed equipment and/or system shall be borne solely by the Applicant.

### **Primary Sub-Grantee Responsibility**

Any sub-grant agreement that may result from this RFA shall specify that the primary sub-grantee is solely responsible for fulfillment of all requirements of the contractual agreement with the BHWP which may derive from this RFA. The BHWP entering into a sub-grant agreement with a sub-grantee will make payments only to the primary sub-grantee.

### **Sub-contractors/Consent**

The use of sub-contractors is allowed and encouraged to enhance services. The primary sub-grantee shall be wholly responsible for the entire performance of the contractual agreement whether or not sub-contractors are used. Additionally, an Applicant shall disclose, in its application, plans for using sub-contractors, if applicable. The primary sub-grantee must receive written approval from the BHWP before awarding any resultant contract during the term of this agreement.

### **Amended Applications**

An Applicant may submit an amended application *before* the deadline for receipt of applications. An amended application must be a complete replacement for a previously submitted application and must be clearly identified as such in the transmittal letter. The BHWP personnel will not merge, collate, or assemble application materials.

### **Applicant's Rights to Withdraw an Application**

Applicants will be permitted to withdraw their application at any time. The applicant must submit a written withdrawal request signed by the Applicant's duly authorized representative and addressed to the RFA Manager.

### **Application Offer Firm**

Responses to this RFA will be considered firm for one hundred twenty (120) days after the due date for receipt of applications if the Applicant is invited or required to submit one.

### **Disclosure of Application Contents**

Applications will be kept confidential until negotiations and the award are completed by the BHWP. At that time, all applications and documents pertaining to the applications will be open to the public, except for material that is clearly marked proprietary or confidential. The RFA Manager will not disclose or make public any pages of an application on which the potential Applicant has stamped or imprinted "proprietary" or "Confidential" subject to the following requirements:

- a. Proprietary or confidential data must be readily separable from the application to facilitate eventual public inspection of the non-confidential portion of the application.
- b. Confidential data is restricted to:
  - i. Confidential financial information concerning the Applicant's organization.
  - ii. Data that qualifies as a trade secret.

- iii. PLEASE NOTE: The cost of services proposed **shall not be designated** as proprietary or confidential information.

If a request is received for disclosure of data for which an Applicant has made a written request or confidentiality, the BHWP shall examine the Applicant's request and make a written determination that specifies which portions of the application may be disclosed. Unless the Applicant takes legal action to prevent the disclosure, the application will be so disclosed. The application shall be open to public inspection subject to any continuing prohibition on the disclosure of confidential data.

#### **No Obligation**

This RFA in no manner obligates the BHWP to the use of any Applicant's services until a valid written sub-grant is awarded and approved by appropriate authorities.

#### **Termination**

This RFA may be canceled at any time and all applications may be rejected in whole or in part when the BHWP determines such action to be in the best interest of the BHWP.

#### **Sufficient Appropriation**

Any contract awarded because of this RFA process may be terminated if sufficient appropriations or authorizations do not exist. Such terminations will be affected by sending written notice to the Sub-grantee. The BHWP decision as to whether sufficient appropriations and authorizations are available will be accepted by the Sub-grantee as final.

#### **Legal Review**

The BHWP requires that all Applicants agree to be bound by the General Requirements contained in this RFA. Any Applicant's concerns must be promptly submitted in writing to the attention of the RFA Primary Contact, Dennis Humphrey.

#### **Applicant Qualification**

The Evaluation Committee may make such investigations as necessary to determine the ability of the potential Applicant to adhere to the requirements specified within the RFA. The Evaluation Committee will reject the application of any potential Applicant who is not a responsible Applicant or fails to submit a responsive offer.

#### **Right to Waive Minor Irregularities**

The Evaluation Committee reserves the right to waive minor irregularities. The Evaluation Committee also reserves the right to waive mandatory requirements in instances where all responsive applications failed to meet the same mandatory requirements and the failure to do so does not otherwise materially affect the RFA. This right is at the sole discretion of the Evaluation Committee.

#### **Change in Sub-Grant Representatives**

The BHWP reserves the right to require a change in sub-grant representative(s) if the assigned representative(s) is/are not, in the opinion of the BHWP, adequately meeting the needs of the BHWP.

**BHWP Rights**

The BHWP in agreement with the Evaluation Committee reserves the right to accept all or a portion of a potential application.

**Right to Publish**

Throughout the duration of this RFA process and contract term, Applicants and sub-grantees must secure from the BHWP written approval prior to the release of any information that pertains to the potential work or activities covered by this RFA and/or the BHWP sub-grants deriving from this RFA. Failure to adhere to this requirement may result in disqualification of the application or removal of the sub-grant.

**Ownership of Application**

All documents submitted in response to the RFA shall become property of the BHWP.

**Confidentiality**

Any confidential information provided to, or developed by, the sub-grantee in the performance of the sub-grant resulting from this RFA shall be kept confidential and shall not be made available to any individual or organization by the sub-grantee without the prior written approval of the BHWP.

**Electronic Mail Address Required**

A large part of the communication regarding this RFA will be conducted by electronic mail (e-mail). The Applicant must have a valid e-mail address to receive this correspondence.

**Use of Electronic Versions of this RFA**

This RFA is being made available by electronic means. In the event of conflict between a version of the RFA in the Applicant's possession and the version maintained by the BHWP, the Applicant acknowledges that the version maintained by the BHWP shall govern.

**Conflict of Interest; Governmental Conduct Act**

The Applicant warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.

**Compliance with Bureau of Behavioral Health Wellness and Prevention Program Requirements**

The Applicant must agree to comply with the Bureau of Behavioral Health Wellness and Prevention Program Requirements as detailed in Appendix F.

## CCBHC 2018 RFA - APPLICATION REVIEW PROCEDURES

### Overview

CCBHC will use a multi-level application review process. The first level of review is **Technical Review**. This internal process identifies those applications that have met the requirements of the RFA and can therefore be passed on to the next review. Applications that do not pass the Technical Review or are turned in late are returned to the applicant along with a letter of explanation.

The second level is the **Objective Review**. Objective reviews are conducted by professionals within the State of Nevada Department of Health and Human Services, who do not have an apparent conflict of interest with the applicant, have some knowledge of the RFA content area, and have had exposure to and/or understand the CCBHC model and certification requirements.

The third level of review is a **Standardized Interview** conducted by an interview panel comprised of state employees who span across DHHS Divisions of Public and Behavioral Health (DPBH) and Health Care Financing and Policy (DHCFP). This review determines the final funding recommendations. Key DHHS staff participating in this review include members of the Rates Department and Policy Department at DHCFP, representatives from Health Care Quality and Compliance (HCQC), and key staff from DPBH, including the Project Director and Project Manager.

The fourth level of review is a **Comprehensive Review** of the findings of the evaluators from the Objective Review and the Standardized Interviews. The comprehensive review will allow all reviewers the opportunity to discuss their findings in detail. The group will then make final decisions based on key variables that have been identified including but not limited to geography, known strengths and risks, and providers overall readiness to implement the CCHC model.

### CCBHC Application and Interview Comprehensive Review

The following factors are to be considered by the team when making the final CCBHC selection decisions:

- Geographic considerations/coverage: Are these services needed in the service area of the applicant? Does the provider meet the qualifications for a rural or urban provider (as defined in the Demonstration Grant requirements)?
- Risk: Are there considerable risk factors that could inhibit a provider from successfully accomplishing all required activities, cost reports, data collection and reporting, ability to expand services, and the ability to be certified by HCQC?
- Strengths: Does the provider have significant demonstrated experience with staffing, scope of services, availability and accessibility, cost reporting, data collection and reporting, billing, and/or governance that will allow them to reduce risks to becoming a potential CCBHC?
- Population served: Are the services being proposed addressing the specific populations of focus for the CCBHCs?
- Readiness: Has the provider demonstrated a readiness to meet all of the required activities to become a CCBHC? Is the need for additional training and technical assistance well-defined? Is the amount of technical assistance and training needed realistic in meeting the timelines and adequate to develop capacity to become a potential CCBHC?

## SUBMISSION OF PROPOSALS

Proposals must conform to all instructions, conditions, and requirements included in the RFA. Applicants are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the proposal are at the Applicant's risk and may, at the discretion of the State, result in disqualification of the proposal for non-responsiveness. Emphasis should be on completeness and clarity of content.

***Applicants must submit a separate application for each primary site. A primary site is defined as the physical location where services are provided. If an applicant has two locations where direct services are provided and would like both locations to be included for consideration, each primary site must submit a separate application.***

### Submittal Instructions

Send via email to both: [CCBHC@health.nv.gov](mailto:CCBHC@health.nv.gov) and [dhumphrey@health.nv.gov](mailto:dhumphrey@health.nv.gov) by the submission deadline.

**Applications must be received on or before the deadline to be reviewed. Any application that does not meet the technical requirements or deadline will be disqualified and will not be evaluated.**

Responses to this RFA must consist of the following required components. Each of these components must be separate from the others and uniquely identified. Additional detail on each required application section is provided below:

**Cover Page** – Complete template in Appendix A.

### Description of the Applicant Agency

A completed Agency Profile Worksheet (see Appendix B) begins this section.

This section also must include information on the programs and activities of the agency, the number of people served, geographic area served, staff experience, and/or programmatic accomplishments. Include reasons why your organization is capable of effectively completing the services outlined in the RFA. Include a brief history of your organization and all strengths that you consider are an asset to your program.

The Applicant should demonstrate the length, depth, and applicability of all prior experience in providing the requested services. The Applicant should also demonstrate the skill and experience of lead staff and designate a project manager with experience in planning and providing the proposed services. Applicants must also include your standard governance, which is defined as processes of governing and processes by which the applicant organization is managed. This could include an organization chart and should also include how the applicant plans to comply with federal CCBHC governing board requirements, as described in <http://www.samhsa.gov/section-223/governance-oversight/addressing-board-requirements>.

Applicants must also list all licenses and certifications which are held by the applicant entity and its contracting organizations (DCOs).

### **Staff Resume of Program Manager/Director**

A resume must be completed for the proposed key individual who is responsible for clinical operations and authority for performance under any contract resulting from this RFA. Additional staff resumes are not required at this time but may be required if selected.

### **Description of Target Population and Geographic Region**

Describe the level of need for services in your service area, how the need was identified, and what group or groups of individuals will be targeted for services by the program. Discuss the geographic area your program will impact and how you will serve low and moderate-income individuals and families. Describe the services provided and outreach methods that will be used to effectively reach the target population. Include description of referral systems, staff experience, and other methodologies to reach the target population. Discuss how your programs and activities will positively impact the target population; you may provide examples, performance measures, and desired outcomes. Applicants should speak to the process to include input from consumers, providers, or community members in program identification and quality improvement.

**Scope of Work** – Prepare using template and instructions in Appendix C.

**Budget and Budget Justification** – Prepare using template and instructions in Appendix D.

**Spending Plan** – Prepare using template and instructions in Appendix E.

### **Identification of Technical Assistance**

Please provide concerns identified in the applicant's completed CCBHC I-CCFRT and request for technical assistance with each area. Specifically, please self-identify weaknesses as areas the applicant would request technical assistance (i.e. evidence-based models, data collection, certification process, etc.)

### **Integrated CCBHC Certification Criteria Feasibility and Readiness Tool (I-CCFRT)**

Applicant(s) are required to complete the I-CCFRT, embedded below as a hyperlink. The I-CCFRT was developed by the National Council for Behavioral Health/MTM Services, as an assessment of readiness to implement CCBHC criteria. Based on the findings from the assessment, providers will be assigned to mandatory Learning Communities to support their movement for compliance with CCBHC criteria. It is not expected that applicant(s) will satisfy all requirements of the I-CCFRT and technical assistance will be available during the sub-grant period. ***Each applicant agency must complete an I-CCFRT and include it as a separate document with the application package.***



I-CCFRT -  
Integrated CCBHC C

*To open the document, double click on the icon.*

*If you are unable to access the above inserted file once you have doubled clicked on the icon, please contact [ccbhc@health.nv.gov](mailto:ccbhc@health.nv.gov) for an emailed copy.*

**Required Attachments (in addition to the completed I-CCFRT):**

*Attachment 1* - Current license(s) and certification(s)

*Attachment 2* – Any national accreditation (i.e. Joint Commission, CARF, or COA)

*Attachment 3* - Proof of certified Electronic Health Record (EHR) technology (Attestation with documentation on type of EHR and/or copy of dashboard information.)

*Attachment 4* - Identify Provider Type(s) currently maintained with the Division of Health Care Financing and Policy (DHCFP) – Medicaid and number of staff operating under the provider type. ***You must be eligible to bill for Medicaid at the time of this application through established Provider Type(s) at the time of application.***

Amendment



## RFA TIMELINE

The following represents the proposed timeline for this project. All times stated are Pacific Standard Time (PST). These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time.

Task	Date/Time
Release Date of RFA	June 1, 2018
Deadline for submitting questions regarding the RFA process. Questions to be submitted to <a href="mailto:ccbhc@health.nv.gov">ccbhc@health.nv.gov</a> . <b>You must include RFA CCBHC 2018 in the heading for the questions to be considered.</b>	June 8, 2018, 5:00 p.m. PST
Technical Assistance Call specific to RFA process. Call in number (888) 636-3807, Code: 1961091. Technical Assistance call may end early, if there are no callers are on the phone.	June 13, 2018, 4:00 p.m. PST
Deadline for RFA submittal	June 29, 2018, 12:00 p.m. PST
Evaluation period (approximate time frame); <b>which will include interviews with applicant's leadership team.</b>	On or before July 2, 2018 through July 26, 2018
Technical Review	July 2, 2018
Applicant response to Technical Review requests due	On or before July 5, 2018 at noon PST
Selection of applicant(s)	On or before July 27, 2018

## SUBMISSION CHECKLIST

This checklist is provided for applicant's convenience only and identifies documents that must be submitted with each package in order to be considered responsive. Any RFAs received without these requisite documents may be deemed non-responsive and not considered for an award.

<b>Part I A– Technical RFA Submission Requirements</b> <b>Document should be tabbed with the following section</b>		<b>Completed</b>
	Agency or Non-Profit Information	
	Cover page	
	Description of Applicant Agency (include DCO's if appropriate)	
	Program Manager Resume	
	Description of Target Population	
	Scope of Work	
	Budget and Budget Justification	
	Spending Plan	
	Technical Assistance Assessment	
	Attachments: 1) Current license(s) and certification(s) 2) Any national accreditation (i.e., Joint Commission, CARE, or COA) 3) Proof of certified EHR technology; and 4) Current DHCFP Provider Type(s) – verification of eligibility to bill Medicaid	
	State Certification Documents	
	I-CCFRT Assessment Tool - Completed by applicant agency/organization	

## APPENDIX A

### COVER PAGE

**Nevada Division of Public and Behavioral Health  
Bureau of Behavioral Health Prevention and Wellness**

*In response to:*

**Request for Applications  
CCBHC 2018**

**Release Date: 06/01/2018**

**Deadline for Submission and Time: 06/29/2018 at 5:00 PM (PST)**

*Our application is respectfully submitted as follows:*

<b>Company Name:</b>			
<b>Clinic Address:</b>			
<b>Mailing Address: (If different)</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Executive Director/CEO:</b>			
<b>Name of Primary Contact for Proposal:</b>			
<b>Proposal Primary Contact Email Address:</b>			

*As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.*

**Signed:**

**Date:**

**Print Name:**

**Title:**

## APPENDIX B

### AGENCY PROFILE INSTRUCTIONS

Project Number – Leave blank (Assigned by SAPTA)

Application Number – Leave blank (Assigned by SAPTA)

Project Name – Provide a short descriptive name for the proposed project

Agency Name – Applicant's legal agency name

Agency Website – If applicable, provide the applicant's website address

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

DUNS Number – Provide Data Universal Numbering System (DUNS) number

Locations – Service location (i.e. Fallon, Clark, Elko, or Carson City), provide full address, phone number, fax, site contact person and their email (if applicable)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Agency Director – This will be the main administrative contact person for this project

### AGENCY PROFILE

Project HD Number: <i>(Assigned by DPBH)</i>		
Application Number: <i>(Assigned by DPBH)</i>		
Agency Name:		
Agency Website:		
Agency Telephone Number:		
Agency Fax Number:		
Agency Address:		
Agency City, State:		
Agency Zip Code:		
Employer ID Number (EIN):		
DUNS Number:		
SAPTA Certified Residential and/or Transitional Treatment Facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date certified?
Project Period: <i>(Month/Day/Year)</i>	Start Date 10/01/18	End Date 09/30/20
Amount Requested:		

### ADDITIONAL FACILITY LOCATIONS

1.	Service Location: Address: Phone Number: Site Contact Person/Email:
2.	Service Location: Address: Phone Number: Site Contact Person/Email:
3.	Service Location: Address: Phone Number: Site Contact Person/Email:
4.	Service Location: Address: Phone Number: Site Contact Person/Email:

## CONTACT INFORMATION

Name of <b>Project Manager/ Director</b> :	
Title:	
Telephone:	
Fax:	
Email:	

☐ Check, If same as Project Director

Name of <b>Financial Officer</b> :	
Title:	
Telephone:	
Fax:	
Email:	

### Signature Authority:

☐ Check, If same as Project Director

Name of <b>Agency Director</b> :	
Title:	
Telephone:	
Fax:	
Email:	

### Additional Point of Contacts

Name // Title:	
Title:	
Telephone:	
Email:	

Name // Title:	
Title:	
Telephone:	
Email:	

Name // Title:	
Title:	
Telephone:	
Email:	

## **AGENCY SUMMARY AND EXPERIENCE INSTRUCTIONS**

In no more than 500 words, please describe the agency's history and experience in the community and how it applies to the proposed project(s). Describe the mission and purpose of the agency including staff members, their expertise, and the structure of the agency including the Board of Directors, hours of operation, and number of locations.

Provide a statement as to the agency's knowledge and familiarity with the local community's needs and goals. Describe the client population the agency currently serves and the level of service provided. If the project is to be accomplished through a subcontractor, please list the name(s) and address(s) of the subcontractor; a signed Memorandum of Understanding or agreement must be provided for each subcontractor, as an addendum.

Amendment

## APPENDIX C

### PROPOSED SCOPE OF WORK INSTRUCTIONS

(Please use the attached Scope of Work Template (not the example template))

1. **Provider Name:** Please fill in the name of your organization.
2. **HD #:** The 5-digit HD (Health Division number). *Please leave this space blank.* This number will be assigned by Division staff.
3. **Purpose/Title:** Please fill in the purpose or title (project name) and then a brief description. *Example: Women's Housing; to increase the number of beds available for treatment in Nevada for women.*
4. **Brief Description of Program:** Please provide a short description of the program/project.  
*Example: A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.*
5. **Problem Statement:** Briefly describe the problem or the gap that is being addressed through this scope of work.  
*Example: Our facility continually carries a waitlist on average of 5 women.*
6. **Goal (Provide a description of a broad goal):** The goal does not need to be measurable (e.g. improve the health of women, reduce IVDU, etc.). The goal is the broadly stated purpose of the program. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some specific way. It should be a very broad result that you are looking to achieve. Goals can be one or many; however, each goal must have its own Outcome Objectives and Activities and may include the target population to be served.  
*Example: To add beds to a stable residential care facility providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.*
7. **Outcome Objectives:** Please enter a description of measurable Outcome Objectives which are Specific, Measurable, Achievable, Realistic, Time limited (S.M.A.R.T.). Outcome objectives are specific statements describing the strategies you will employ, the subrecipients you will fund, the evidence-based programs you hope to accomplish that must be measurable and should include:

Who: Target population

What: Strategies and Evidence based programs utilized to effect change

Where: Area

When: When will the change occur

How much: Measurable quantity of change

*Example: will increase the number of women's beds from 6 to 12.*

**Outcome Objectives can be Qualitative or Quantifiable:**

*Example – Qualitative: At least 95% of 2018-2019 program graduates will report an understanding of the increased risk of negative birth outcomes when women consume alcohol during pregnancy.*

*Example – Quantifiable: By June 2019, the waitlist for residential substance abuse treatment beds will be reduced from sixty days to no more than fourteen days.*

(Refer to Outcome Objectives Worksheet for further guidance. There may be several objectives under one goal.)



8. **Percent Funding:** Please enter the estimated percent of the budget that will be allocated to this objective. Total sum of the percentages allocated to the following budget categories – Personnel, Travel, Equipment, Operating, Consultant/Contracts, Training and Other – should equal 100%.

Example: *% (for this Outcome Objective)*

9. **Activities:** List the steps planned to achieve the stated Outcome Objective.

Example:

1. *Secure residential location, licensing, inspections, and certifications*
2. *Hire support staff for the program; therapy, maintenance, etc.*
3. *Work with law enforcement, prosecutors and the judiciary system to identify potential clients.*
4. *Purchase operating supplies, equipment, furniture, etc.*

*Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.*

10. **Date Due By:** Please indicate the expected date by which the activity will be accomplished. The end of the grant period may suffice in some cases but using the end of the grant to complete all activities should be avoided as activities should show progression towards achieving the objective. Please make these realistic dates that show a progression towards achieving the outcome objective.

Example: *September 30, 2019*

11. **Documentation:** Please list any documentation or process evaluation documents that will be produced to track the completion of the activities.

Example:

1. *Informational brochures, copies of flyers, ads and newspaper articles, social media and TV ads used in this effort.*
2. *Contracts related to leasing, employment, supplies, maintenance agreements, operations, etc.*
3. *Meeting minutes, Memorandum of Understanding, records of efforts to influence public opinion.*
4. *Records of interviews, surveys, reports, focus groups, local law enforcement data, etc.*

12. **Evaluation:** Please explain how you will evaluate whether you have met your objectives or not. The evaluation plan should clearly explain what data will be used, where and how you will collect the data, and any analysis, e.g. simple rate comparison, statistical tests of significance, etc. If you are using an evidence-based program, many times the evaluation criteria is provided and should be used to preserve fidelity with the evidence-based methods. (Please note: Bureau/Division can provide technical assistance on this element, if needed, if application is approved for funding.)

*Example: Bi-weekly monitoring of the county residential treatment waitlist will be conducted. Changes in wait times will be analyzed to ensure that evidence supports the desired wait reduction. If analysis shows that wait times remain stagnant, increase, or do not decrease at a rate significant to meet stated reduction objective, a root cause analysis will be conducted to determine reasons.*

## SCOPE OF WORK

*Please provide the following information for the Scope of Work using the provided template below*

**Goal** – List the achievement desired.

**Problem Statement** - Briefly describe the problem or the gap that is being addressed through this scope of work.

Example: Our facility continually carries a waitlist on average of 5 women

**Outcome Objectives** – Describe the program objectives used to obtain the goal. These should be measurable objectives.

**Activities** – Describe the steps or activities that the program will use to accomplish the objectives.

**Due Dates:** The date by which activities will be completed.

**Documentation:**

- **Performance Measures** – What are the measures by which you will evaluate the progress of achieving your goals and objectives through the activities? These are the items that will be evaluated as a successful realization of the project.
- **Evaluation and Outcome for this Objective** – This is how your agency will qualify and quantify the selected performance measures. Measure or evaluate the work being done to ensure that the agency is on track to achieve the goals and objectives. What tools will the agency use to evaluate performance?

## SCOPE OF WORK EXAMPLE

Provider Name: Second Chances, Inc.

**Purpose/Title:** Women's Housing; to increase beds in Nevada for women

**Brief Description of program:** A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.

**Problem Statement:** Second Chances continually carries a waitlist of an average of 5 women.

**Goal 1:** To add beds to a stable residential care facility providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.

<b>Outcome Objective 1a:</b> Second Chances, located in Washoe County, will increase the number of women's beds from 6 to 12.		<b>% Funding:</b>	<b>60%</b>
<b>Activities</b>	<b>Date due by</b>	<b>Documentation</b>	
1. Secure residential location, licensing, inspections, and certifications.	2/28/2019	Contracts, licenses, certification certificates	
2. Hire support staff for the program; therapy, maintenance, etc.	2/19/2019	Job Announcements, work performance standards, interviewing and hiring packets, personnel records.	
3. Work with law enforcement, prosecutors. the judiciary and other agencies to identify, enroll and place clients.	3/5/2019	Meeting minutes, opinion surveys, newspaper articles to influence public opinion, local law enforcement records, any memoranda of understanding	

4. Purchase operating supplies, equipment, furniture, etc.	2/28/2019	Purchase orders, invoices, AP receipts.
5. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.	3/31/2019	Meeting minutes, public opinion surveys, Copies of flyers, public service announcements, advertisements on radio, tv & social media
<b>Evaluation:</b> Successful execution of a building lease/contract. Obtaining licenses and required certifications. Getting the building ready for admissions. Securing and placing adolescent females (admissions tracking).		

## OUTCOME OBJECTIVES WORKSHEET

This worksheet can assist you in writing outcome objectives for your project. For your review, we have provided a sample outcome, broken down into simple components. You can use this template by filling in outcome information in the spaces provided for your program. Then, below each table, write your outcome objective using the components identified. Please keep all objectives Simple, Measurable, Achievable, Realistic, and Time limited. This worksheet is presented for your planning use. Do not include it with your proposal.

*Sample outcome objective components - Sample outcome objective: By September 30, 2018, the number of pregnant women receiving substance abuse treatment will increase by 10% from the previous year - October 1, 2016 to September 30, 2017.*

Who (or what)	What (desired effect)	How (expected results)	When (by when)
<p>The person, place or thing in which the objective will cause some change.</p> <p><b>Example:</b></p> <p>The number of pregnant women receiving substance abuse treatment.</p>	<p>This should illustrate some change in either a positive or negative direction, i.e. increase or decrease.</p> <p><b>Example:</b></p> <p>will increase</p>	<p>This should depict the magnitude of the desired change, i.e. a change in percentage, a change in raw numbers, or a statistical measure. Be as specific as possible and make sure it is realistic.</p> <p><b>Example:</b></p> <p>By 10% from the previous year October 1, 2015 to September 30, 2016</p>	<p>This depicts the target date for the objective to be achieved. Don't confuse this with deadlines for activities. This should be your final deadline for the objective.</p> <p><b>Example:</b></p> <p>by September 30, 2017</p>

## APPENDIX D

### PROPOSED BUDGET PLAN – INSTRUCTIONS & BUDGET EXAMPLE

The following budget development instructions and budget example have been prepared to help you develop a complete and clear budget to ensure delays in processing awards are minimized.

#### Funding Details and Requirements:

The sub-grant period for this application will be for **twelve months (12)** beginning approximately **August 1, 2018** and continuing through **July 31, 2019**.

1. Apply for the full twelve-month project period. Complete an individual scope of work (SOW), budget and budget narrative for each budget cycle of the twelve-month project period.
2. Unspent funding from year 1 will be returned to the state and cannot be carried over into year 2, no exceptions. *There is a potential for an additional one year of funding under this RFA.*
3. All funding is subject to the availability of funding.

#### Detailed Budget Building Instructions by Line Item:

Budget building is a critical component of the application process. The budget in the application is going to be the budget used for the sub-grant. The budget must be error free and developed and documented as described in the instructions.

1. **Under the “Category” section of the line item;** there is nothing to be filled out or completed by the applicant. **Please see the Example Budget for reference**
2. **Under the “Total Cost” section of the line item;** the total cost identified should represent the sum of all costs represented in the “Detailed Cost” section associated to the line item. **Please see the Example Budget for reference**
3. **Under the “Detailed Cost” section of the line item;** the detailed costs identified should represent the sum of all costs represented in the “Details of expected expenses” section associated to the line item. **Please see the Example Budget for reference**

**Under the “Details of Expected Expenses” section of the line item;** the details of expected expenses identified here should represent the fiscal/mathematical representation of all costs that are outlined in the budget narrative. The expenses should represent a projection of the expenses that will be charged to the sub-grant that directly support the work necessary to complete the tasks that are required to meet the goals and objectives as outlined in the scope of work (SOW) for this sub-grant.

*Example Budget for reference.*

<u>Category</u>	<u>Total Cost</u>	<u>Detailed Cost</u>	<u>Details of Expected Expenses</u>
1. Personnel	\$ 77,280	<p><b>Personnel: The costs that are allowable in this budget line item are personnel costs only. This does not include any form of temporary staff, contract employees and/or volunteers.</b></p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> <li>The positions title must be included. <b>NOTE:</b> Do not put an individual name.</li> <li>The number of staff that will be charged to the grant under a specific position title. <b>NOTE:</b> If your organization charges multiple staff that share the same projected allocation of time, then group them together. See Project Coordinators <b>NOTE:</b> If your organization charges multiple staff that do not share the same projected allocation of time, then separate them. See Administrative Assistant</li> <li>The total annual salary of the position per year.</li> <li>The percentage of time they will be contributing to the project.</li> <li>The sum total of 1 through 4.</li> <li>The fringe benefits line must be represented as an average percent of the total salaries being charged to the grant. <b>Example:</b> \$7,000 + \$22,500 + \$35,000 + \$3,000 + \$1,500 = \$69,000. The average cost of fringe benefits for all staff being charged to the grant is 12%. Fringe benefits are calculated as \$69,000 X 12% (0.12) = \$8,280. <b>Salaries:</b> (FTE X Annual Salary X % of Effort = Salary Charged) <b>Fringe:</b> (Total Salary Charged X Average Fringe Benefit Rate = Fringe Benefit Cost) <b>NOTE:</b> Please see the example below.</li> </ol>	
		\$ 7,000 22,500 35,000 3,000 1,500 8,280	Executive Director, 1 X \$70,000 per year X 10% = \$7,000 Project Manager, 1 X \$45,000 per year X 50% = \$22,500 Project Coordinators, 2 X 35,000 per year X 50% = \$35,000 Administrative Assist, 1 X \$15,000 per year X 20% = \$3,000 Administrative Assist, 1 X \$15,000 per year X 10% = \$1,500 Fringe Benefits equals 12% of total salaries charged - \$69,000 X 12% = \$8,280
2. Travel	\$ 8,160	<p><b>Travel: The costs that are allowable in this budget line item are all travel costs.</b></p> <p>The following details must be included in the details of expected expenses sections of the line item. All rates must be reflective of actual GSA approved rates at the time budget development.</p> <ol style="list-style-type: none"> <li>Mileage should reflect GSA approved rate and total projected miles to be driven.</li> <li>A brief description of the trip.</li> <li>The destination of the trip.</li> </ol>	

		<p>4. The number of staff that will be traveling.</p> <p>5. An estimated trip cost per staff traveling.</p> <p>6. The projected trip total.</p> <p><b>Mileage:</b> (GSA Rate X Number of Miles = Cost)</p> <p><b>Trips:</b> (Number of staff X estimated cost per staff X number of trips = Cost)</p> <p><b>NOTE:</b> Please see the example below</p>															
		<table> <tr> <td>\$</td><td>1,070</td><td>Mileage for local meeting and events - \$.535 X 2000 miles = \$1,070</td></tr> <tr> <td></td><td>3,000</td><td>1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, \$1,500 each = \$3,000</td></tr> <tr> <td></td><td>4,000</td><td>4 Quarterly Meetings, Statewide, 2 Staff, \$500 each = \$4,000</td></tr> <tr> <td></td><td>90</td><td>1 "Prevention Training" travel only, Reno, 6 staff, \$15 each = \$90</td></tr> </table>	\$	1,070	Mileage for local meeting and events - \$.535 X 2000 miles = \$1,070		3,000	1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, \$1,500 each = \$3,000		4,000	4 Quarterly Meetings, Statewide, 2 Staff, \$500 each = \$4,000		90	1 "Prevention Training" travel only, Reno, 6 staff, \$15 each = \$90			
\$	1,070	Mileage for local meeting and events - \$.535 X 2000 miles = \$1,070															
	3,000	1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, \$1,500 each = \$3,000															
	4,000	4 Quarterly Meetings, Statewide, 2 Staff, \$500 each = \$4,000															
	90	1 "Prevention Training" travel only, Reno, 6 staff, \$15 each = \$90															
3. Operating	\$ 7,075	<p><b>Operating:</b> The costs that are allowable in this budget line item are all operating costs. Operating costs may include but are not limited to; building space, utilities, telephone, postage, printing and copying, publication, desktop/consumable office supplies, drugs, biologicals, certification fees and insurance costs. If applicable, indirect costs are not included in this section. Organizational costs that do not reasonably contribute the accomplishments of project tasks, goals and objectives of the scope of work cannot not be charged to the grant.</p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> <li>1. A brief description of the item being charged.</li> <li>1. The monthly average cost of the item.</li> <li>2. The number of months that the budget encompasses.</li> <li>3. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant.</li> </ol> <p><b>NOTE:</b> if one item of cost is split at 25% then all other items of cost should share the same percent of the split.</p> <p><b>Supplies:</b> (Per Month Cost X number of months charged X Rate of Allocation = Cost)</p> <p><b>NOTE:</b> Please see the example below</p>															
		<table> <tr> <td>\$</td><td>900</td><td>Office Supplies (paper, pencils, pens, etc.) - \$75 per month X 12 months = \$900</td></tr> <tr> <td></td><td>4,500</td><td>Rent - \$1,500 per month X 12 Months = \$18,000 X 25% allocation.</td></tr> <tr> <td></td><td>300</td><td>Phone - \$100 per month X 12 months = \$1,200 X 25% allocation.</td></tr> <tr> <td></td><td>375</td><td>E-mail - \$125 per month X 12 months = \$1,500 X 25% allocation.</td></tr> <tr> <td></td><td>1,000</td><td>1 Computer for the project manager X \$1000 per computer</td></tr> </table>	\$	900	Office Supplies (paper, pencils, pens, etc.) - \$75 per month X 12 months = \$900		4,500	Rent - \$1,500 per month X 12 Months = \$18,000 X 25% allocation.		300	Phone - \$100 per month X 12 months = \$1,200 X 25% allocation.		375	E-mail - \$125 per month X 12 months = \$1,500 X 25% allocation.		1,000	1 Computer for the project manager X \$1000 per computer
\$	900	Office Supplies (paper, pencils, pens, etc.) - \$75 per month X 12 months = \$900															
	4,500	Rent - \$1,500 per month X 12 Months = \$18,000 X 25% allocation.															
	300	Phone - \$100 per month X 12 months = \$1,200 X 25% allocation.															
	375	E-mail - \$125 per month X 12 months = \$1,500 X 25% allocation.															
	1,000	1 Computer for the project manager X \$1000 per computer															
4. Equipment	\$ 16,500	<p><b>Equipment:</b> The costs that are allowable in this budget line item are equipment costs. Per federal regulation; \$200.33 Equipment. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000 per unit</p> <p>The following details must be included in the details of expected expenses sections of the line item.</p>															



		<ol style="list-style-type: none"> <li>1. Include a brief description of the item being charged.</li> <li>2. Include the cost of the item, per unit.</li> <li>3. Include the number of units that are being purchased.</li> <li>4. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant.</li> </ol> <p><b>NOTE:</b> if one item of cost is split at 25% then all other items of cost should share the same percent of the split.</p> <p><b>Equipment:</b> (Per Unit Cost X Number of Units = Cost)</p> <p><b>NOTE:</b> Please see the example below</p>												
		<table> <tr> <td>\$</td><td>16,500</td><td>Examination Table, \$5,500 per unit X 3 units – 16,500 (<i>this is almost never used; most expenditures will fall under Operating costs</i>)</td></tr> </table>	\$	16,500	Examination Table, \$5,500 per unit X 3 units – 16,500 ( <i>this is almost never used; most expenditures will fall under Operating costs</i> )									
\$	16,500	Examination Table, \$5,500 per unit X 3 units – 16,500 ( <i>this is almost never used; most expenditures will fall under Operating costs</i> )												
5. Contractual Consultant	\$ 99,575	<p><b>Contractual:</b> The costs that are allowable in this budget line item are contract costs. List all sub-grants, consultants, contract, personnel/temporary employees and/or vendors that will be procured through a competitive process. (Travel and expenses of consultants and contractor should be incorporated into the contracts and included in this section as a part of the estimate contract cost.)</p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> <li>1. Include a brief description of the intended future contract that is being considered.</li> <li>2. Include the estimated cost of the contract.</li> <li>3. If applicable, include the cost of and number of deliverables that will be the result of the completed contract.</li> <li>4. If applicable, include the per hour rate of the contract and the number of hours the project is going to take.</li> <li>5. For sub-grant funding; provide a brief description of the sub-grant project or projects and the total estimated pass-through amount.</li> </ol> <p><b>NOTE:</b> Do not list the actual names of contractors, consultants, vendors or sub-grantees in the budget.</p> <p><b>NOTE:</b> Please see the example below</p>												
		<table> <tr> <td>\$</td><td>20,000</td><td>Contract to provide 4 regional prevention training courses; \$5,000 X 4 Courses = \$20,000</td></tr> <tr> <td></td><td>4,375</td><td>Media consultant - \$35 per hour X 125 hours = \$4,375</td></tr> <tr> <td></td><td>15,200</td><td>Contract for the development of a community needs assessment = \$95.00 per hour X 160 hours - \$15,200</td></tr> <tr> <td></td><td>60,000</td><td>Sub-grants for community primary prevention programs = \$60,000</td></tr> </table>	\$	20,000	Contract to provide 4 regional prevention training courses; \$5,000 X 4 Courses = \$20,000		4,375	Media consultant - \$35 per hour X 125 hours = \$4,375		15,200	Contract for the development of a community needs assessment = \$95.00 per hour X 160 hours - \$15,200		60,000	Sub-grants for community primary prevention programs = \$60,000
\$	20,000	Contract to provide 4 regional prevention training courses; \$5,000 X 4 Courses = \$20,000												
	4,375	Media consultant - \$35 per hour X 125 hours = \$4,375												
	15,200	Contract for the development of a community needs assessment = \$95.00 per hour X 160 hours - \$15,200												
	60,000	Sub-grants for community primary prevention programs = \$60,000												
6. Training	\$ 1,650	<p><b>Training:</b> The costs that are allowable in this budget line item are training costs. This line item may include registration fees/conference fees and training costs. This line item can be used to budget for training that will be attended by staff and for the costs of training and educational materials being provided to targeted populations as identified in accordance to the proposed SOW.</p>												

		<p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> <li>1. Include a brief description of the intended training cost being considered.</li> <li>2. Include the estimated cost of the training.</li> <li>3. If developing educational materials for hosting a training.</li> <li>4. Include the “per unit” cost and number of units being developed for the training.</li> </ol> <p><b>NOTE:</b> Please see the example below</p>	
		\$ 500 150 1,000	SAMSHA Conference registration fees, 2 staff X \$250 each = \$500 Prevention Training registration fees, 6 staff X \$25 each = \$150 Printing cost for education books for addiction prevention seminar = \$20 per book X 50 books = \$1000
7. Other/Indirect	\$ 27,469	<p><b>Other/Indirect: The costs that are allowable in this budget line item are indirect costs and if applicable audit costs.</b></p> <p>The following details must be included in the details of expected expenses sections of the line item.</p> <ol style="list-style-type: none"> <li>1. Include a brief description of the intended cost being considered.</li> <li>1. For audit costs include the total annual of the audit and the rate of allocation.</li> </ol> <p><b>NOTE:</b> the rate of allocation should be the same as the rates of allocation in the operating section. If not, provide a justification as why the rate of allocation is different.</p> <ol style="list-style-type: none"> <li>2. If applicable, include the total direct costs being charged for indirect.</li> <li>3. If applicable, include the federally approved indirect rate total direct costs being charged for indirect.</li> </ol> <p><b>Audit Cost:</b> (Annual audit cost X Rate of Allocation = Cost)</p> <p><b>Indirect Cost:</b> (Total Direct Costs being charged x Federally Approved Indirect Rate = Indirect Cost)</p> <p><b>NOTE:</b> Please see the example below</p>	
		\$ 2,000 25,469	Annual audit cost: \$8,000 X 25% = \$2,000 Indirect Costs: \$210,228 X 12% = 25,468.80
Total Cost	\$ 237,709		

Develop a line item budget for the project. For each itemized category, specify the total project costs (including subcontracting cost), description of expense, and the amount requested from Nevada Division of Public and Behavioral Health (DPBH) funding. A line item expense under a category **must** include a description of the line item expense in the detail description.

*See Proposed Budget Template on the next page...*

## PROPOSED BUDGET TEMPLATE

Click to insert the Organizations Name			
<b>BUDGET NARRATIVE</b>			
June 20, 2018 through September 30, 2018			
<b>Detailed Budget Year 1 – July 1, 2018 through June 30, 2019</b>			
<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$		
		\$	# and type (position type; FTE type) of staff to be hired
2. Travel	\$		
		\$	# traveling, positions traveling, location, dates of travel, purpose, reimbursement made in accordance with SAM
3. Operating	\$		
		\$	To include: xxxx
4. Equipment	\$		
		\$	Itemize expenses allowed within this category
5. Contractual Consultant	\$		
		\$	Itemize expenses allowed within this category
6. Training	\$		
		\$	Type of training, location, # attending, benefit to Subgrantee and implementation of subgrant
7. Other	\$		
		\$	Itemize expenses allowed within this category
Total Cost	\$		

## APPENDIX E

### SPENDING PLAN

Template

Sub-grant Time Period	Aug-18	To		Jul-19											
Total Budget Requested															
Category	Total Requested Budget	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Total of Months	
Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Operating	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Contract/Consultant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Percent of Total</b>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

**Instructions:**

Please fill out the following spending plan using the budgeted amounts from your subgrant budget. All amounts must match the budget categories in your budget justification. All fields in the template are locked except for those requiring your input as follows:

- In cell C3, please enter the name of your organization.
- In cell C4, select the start month and year of your subgrant by using the drop-down box. After you make your month and year selection, the rest of the dates will be filled in automatically for a 12-month time period.
- In cell C5, enter the total amount of your sub-grant award.
- In cells B7 to B 13, put the total amount of the categorical costs in the appropriate section. These amounts must match the amounts in the same categories in you budget justification.
- In cells C7 to N7, enter your expected total personnel costs for each month.
- In Cells C8 to N8, please enter your expected travel costs for each month as appropriate.
- In Cells C9 to N9, please enter operating costs you expect to spend for each month.
- In Cells C10 to N10, please enter any planned equipment purchases and place those costs in the month(s) you expect to incur the costs.
- In Cell C11 to N11, place the total expected costs for Contracts/Consultants in the months you plan on using such services.
- In Cell C12 to N12, please note any expected training costs in the months you expect the training activities to occur.
- In Cell C13 to N13, please specify any other costs that are planned in the months they will occur.

While you are entering this information, you will observe that cells for the "Total" and "Total Percentage" will be auto calculated and will reflect one of three colors. If the cell is yellow, it indicates that the amount is below the total awarded amount; if the color is green, it indicates the amount is the same as the total awarded amount; and if the cell turns red, it indicates that the amount is above the total awarded amount. All applicable cells must reflect green once you are finished filling in your spending plan for each month.

In the same way, you will notice the end column (O7 thru O15) will also change colors. Once again, yellow indicates that the total amount for the total of all months for the category is under the total budgeted amount (reflected in the "B" column), the green indicates that the monthly total for the category matches the total categorical budget, and red indicates that the monthly total exceeds the categorical budget. All cells must be green before submitting the spending plan. At the bottom of each column, a monthly percentage of the total budget is also calculated. The sum of all monthly percentages must equal 100% of the total award.

## APPENDIX F

### Bureau of Behavioral Health Wellness and Prevention PROGRAM REQUIREMENTS

In addition to the Division of Public and Behavioral Health Subaward Grant Assurances, the subrecipient and all organizations or individuals to whom the sub-grantee passes through funding must be in compliance with all applicable rules, federal and state laws, regulations, requirements, guidelines, and policies and procedures. The terms and conditions of this State subaward flow down to the subrecipient's pass through entities unless a particular section specifically indicates otherwise.

#### GENERAL REQUIREMENTS

##### Applicability

This section is applicable to all subrecipients who receive funding from the Division of Public and Behavioral Health through the Bureau of Behavioral Health Wellness and Prevention (BBHWP). The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants and/or Projects for Assistance in Transition from Homelessness Grants
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP – [Generally Accepted Accounting Principles] and/or GAGAS [Generally Accepted Government Auditing Standards]
8. GSA – [General Services Administration] guidelines for travel
9. The Division of Public and Behavioral Health, BBHWP policies and guidelines.
10. State Licensure and certification
  - a. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
  - b. The subrecipient's certification must be current and fees paid prior to release of certificate in order to receive funding from the Division. Subawards cannot be issued unless certifications are current.

11. The Sub-grantee shall carry and maintain commercial general liability coverage for bodily injury and property damage as provided for by NRS 41.038 and NRS 334.060. In addition, Sub-grantee shall maintain coverage for its employees in accordance with NRS Chapter 616A. The parties acknowledge that Sub-grantee has adopted a self-insurance program with liability coverage up to \$2,000,000 and has excess liability coverage up to \$20,000,000 for bodily injury (automobile and general liability), property damage (automobile and general liability), professional liability, and personal injury liability. The parties further acknowledge that Sub-grantee is self-insured for workers' compensation liability. Sub-grantee warrants that its participation in the plan is in full force and effect and that there have been no material modifications thereof. If, at any time, Sub-grantee is no longer a participant in the self-insurance program, then Sub-grantee shall immediately become a participant in a comparable self-insurance program or immediately obtain a policy of commercial insurance. The parties acknowledge that any Sub-grantee liability is limited by NRS 41.0305 through NRS 41.035.
12. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
13. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
14. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.1533(e).
15. The subrecipient shall maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subrecipient serves minors with funds awarded through this subaward.
16. Application to 2-1-1
  - As of October 1, 2017, the Sub-grantee will be required to submit an application to register with the Nevada 2-1-1 system.
17. The subrecipient agrees to cooperate fully with all BBHWP sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
18. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
19. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subaward may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The BBHWP may reallocate funds to other programs to ensure that gaps in service are addressed.
20. The subrecipient acknowledges that if the scope of work is NOT being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by BBHWP staff or specified subcontractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, BBHWP will provide written

notice identifying the reduction of funds and the necessary steps.

21. The subrecipient will NOT expend BBHWP funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant Funds for any of the following purposes:
- a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
  - b. To purchase equipment over \$1,000 without approval from the Division.
  - c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
  - d. To provide in-patient hospital services.
  - e. To make payments to intended recipients of health services.
  - f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS.
  - g. To provide treatment services in penal or correctional institutions of the State.
22. Failure to meet any condition listed within the subaward award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

#### Audit Requirements

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

23. Subrecipients of the program who expend less than \$750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
24. Subrecipients of the program who expend \$750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

#### Year-End Financial Report

25. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
26. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
27. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
28. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
29. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:

- a. List individual federal and State programs by agency and provide the applicable federal agency name.
- b. Include the name of the pass-through entity (State Program).
- c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
- d. Include the total amount provided to the non-federal entity from each federal and State program.

30. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.

Behavioral Health Wellness and Prevention  
 Attn: Management Oversight Team  
 4126 Technology Way, Second Floor Carson City,  
 NV 89706

#### Limited Scope Audits

31. The auditor must:

- a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
- b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
- c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program;
- d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
- e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.

32. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.

33. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:

- a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies;
- b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
- c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and
- d. A schedule of findings and questioned costs for the federal program that includes a summary of the



auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).

34. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:

Behavioral Health Wellness and Prevention Attn:  
Management Oversight Team  
4126 Technology Way, Second Floor Carson City,  
NV 89706

#### Amendments

35. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the BBHWP through the assigned analyst prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via email.
36. For any budgetary changes that are in excess of 10 percent of the total award, an official amendment is required. Requests for such amendments must be made to BBHWP in writing.
37. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
38. Any significant changes to the scope of work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all scope of work amendments.
39. The subrecipient acknowledges that requests to revise the approved subaward must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
40. Final changes to the approved subaward that will result in an amendment must be received 60 days prior to the end of the subaward period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60-day deadline will be denied.

#### Remedies for Noncompliance

41. The Division reserves the right to hold reimbursement under this subaward until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

### SUBSTANCE USE TREATMENT SERVICES

#### Applicability

This section applies to all sub-grants that support direct services to persons being treated for substance use.

1. The subrecipient, as applicable, if identifying as Faith-Based Organizations must comply with 42 USC § 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations.

- a. The subrecipient must post a notice to advise all clients and potential clients that if the client objects to the religious character of the Sub-grantee's organization as applicable.
  - b. The client has the right to be referred to another Division-funded provider that is not faith-based or that has a different religious orientation.
2. Priority Groups – The subrecipient agrees to prioritize and expedite access to appropriate treatment, except for Civil Protective Custody Services, for priority populations in the following order:
  - a. Pregnant injecting drug users;
  - b. Pregnant substance abusers;
  - c. Injection drug users;
  - d. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
  - e. All others.
3. The subrecipient agrees to report within 24 hours to the Bureau of Behavioral Health Wellness and Prevention when any level of service reaches 90 percent capacity or greater in accord with the Division's Wait List and Capacity Management policy.
4. A subrecipient who provides residential services agrees to report bed capacity in the HavBed system or a successor system for residential services daily in accord with the Division's Wait List and Capacity Management policy.
5. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.
6. The subrecipient must post a notice, where clients, visitors, and persons requesting services may easily view it, that no persons may be denied services due to inability to pay. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so.
7. The subrecipient is required to implement the National Institute of Drug Abuse (NIDA) 13 principles of treatment.
8. The subrecipient is required to participate, if selected to be reviewed by the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peerreview process.

#### Capacity of Treatment for Intravenous Substance Abusers

9. A subrecipient must admit an individual who requests and needs treatment for intravenous drug use to a treatment program. If unable to provide services, the subrecipient must contact the BBHWP according to the Division's Capacity Management and Wait List policy.
10. The subrecipient who treats persons who inject drugs agrees to carry out activities to encourage individuals in

need of treatment for injection drug use to undergo such treatment. The subrecipient must use outreach models that are scientifically sound or an alternate outreach method that is reasonably expected to be effective and has been approved by the BBHWP. All outreach activities will be reported to the Division quarterly. The model shall require that outreach efforts include the following at a minimum:

- a. Selecting, training and supervising outreach workers;
- b. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- c. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- d. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- e. Encouraging entry into treatment.

#### Treatment services for pregnant women (45 CFR § 96.131)

11. All subrecipient who treat women agree to provide immediate comprehensive treatment services to pregnant women, or if the sub-grantee is unable to do so, the sub-grantee must immediately contact the Bureau of Behavioral Health Wellness and Prevention in accord to the Divisions Capacity Management and Wait List policy.
12. Subrecipients who do not treat women and who receive a request for treatment services from a pregnant woman must provide a referral to an appropriate treatment provider within 48 hours of the request for services and must immediately notify the Bureau of Behavioral Health Wellness and Prevention of the need for such services.
13. Subrecipients who provide services to women agree to publicize the availability of services to women in priority populations and the admission priority granted to pregnant women. The publication of services for women in priority populations may be achieved by means of street outreach programs, ongoing public service announcements, regular advertisements, posters placed in target areas, and frequent notification of availability of such treatment services distributed to the network of community-based organizations, health care providers, and social services agencies.

#### Records

14. All subrecipients will have in effect a system to protect from inappropriate disclosure of client records, compliant with all applicable State and federal laws and regulations, including 42 CFR, Part 2.
15. The system to protect confidentiality shall include, but not be limited to, the following provisions:
  - a. Employee education about the confidentiality requirements, to be provided annually;
  - b. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

#### Reporting

16. The subrecipient is required to submit monthly Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements. The subrecipient is also required to submit any other reporting as defined and requested by the BBHWP.

17. The subrecipient agrees to participate in reporting all required data and information through the authorized

BBHWP data reporting system and to the evaluation team as required; or, if applicable, another qualified Electronic Health Record (EHR) reporting system.

#### Fee for Service requirements

18. Subrecipients that have been awarded a fee for service subaward must comply with the Division's Utilization Management policy and the following billing and eligibility rules for claims processing.
- a. The service must be delivered at a Division certified facility.
  - b. The certifications must cover the service levels under which the qualified service was delivered.
  - c. The service must be provided by an appropriately licensed/certified staff member.
  - d. The service delivered must be a Division qualified service which is **NOT** reimbursable by Medicaid or other third-party insurance carrier.
  - e. The rate of reimbursement will be based on the Division approved rates (available upon request).
  - f. The subrecipient agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
  - g. The subrecipient is responsible for ensuring that all third-party liabilities are billed and collected from the third party payers and are **NOT** billed to the Division.
  - h. Division funds will **NOT** be used to fund the services for self-pay clients or clients who elect not to use their insurance coverages. This includes clients that elect not sign up for insurance under the ACA [Affordable Care Act] or clients that have existing insurance and choose not to use their insurance for treatment services. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.
  - i. Division funds will **NOT** be used to reimburse Medicare claims.
  - j. Division funds will **NOT** be used to reimburse claims for which the client is pending eligible for insurance coverage.
  - k. Division funds will **NOT** be used to reimburse for claims denied by Medicaid or other insurance carriers unless the claim was denied as "not a covered benefit".
    - a. Claims denied as "not a covered benefit" and billed to the Division must have the accompanying denial attached in order to guarantee payment.
  - l. Division funds will **NOT** be used to cover any unpaid costs that Medicaid and/or other insurance carriers may not reimburse (i.e. copayments, deductibles).
  - m. The subrecipient agrees to use Division funds as the "payer of last resort" for all services provided to clients. If an undue barrier to treatment exist, a written request to the Division may be submitted for review and some services may be covered upon written permission from the Division.
19. The subrecipient must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
- a. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the ACA;
  - b. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program; and secure from client's payment for services in accordance with their ability to pay; and
  - c. Prohibits billing the Division for a service that is covered by Medicaid or any other insurance

carrier. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.

## **BILLING THE DIVISION**

### **Fee-for-service only:**

20. The subrecipient agrees to submit a monthly billing invoice, along with back-up documentation via the Secure File Transfer Protocol (SFTP) site to the Division; the Sub-grantee agrees to notify the treatment analyst once the invoice has been posted to the SFTP site.
21. Upon official written notification from the BBHWP, prior authorizations will be required for all residential and transitional housing services being billed to the Division.
22. The subrecipient agrees to include an explanation of benefits for all charges requested for services that have been denied by Medicaid or any other third-party payer due to non-coverage of that benefit.
23. The subrecipient understands that charges greater than 90 days from the date of service will be considered stale dated and may not be paid.
24. The subrecipient understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.
25. The subrecipient understands that they are required to produce an invoice that breaks out the total number of services provided by level of care and CPT or HCPCS code. The invoice must, at a minimum meet the following conditions.
  - a. The invoice must contain, company information (Name, address, City, State and Zip), Date, unique Invoice #, vendor #, PA or HD#.
  - b. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
  - c. The invoice must contain: Billed To: The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, 4126 Technology Way, Suite 200, Carson City, NV 89706.
  - d. The invoice must show the total number of services by CPT or HCPCS code, the rate being charged, the total amount charged to that CPT or HCPCS code line and summarize the totals by level of care.
  - e. The invoice must also show the total number of services provided, the total number of unique clients served for the invoice and the total amount charged to the invoice.
  - f. The invoice must be signed and dated by the organizations fiscal officer and include the following certification, "By submitting this invoice, we certify that all billing is correct and no Medicaid or other insurance eligible services have been charged to this invoice."

## **PREVENTION SERVICES**

### **Applicability**

This section is only applicable to primary prevention coalitions and programs.

The subrecipient representatives are required to attend prevention training listed below as applicable to provide prevention services:

- a. All fulltime staff must annually complete a minimum of twenty (20) hours of prevention training.
- b. All part-time staff must annually complete a minimum for ten (10) hours of prevention training.
- c. Participate in the implementation of evidence-based prevention programs, strategies, policies, and practices, and use the Prevention Program Operating and Access Standards as the basis for program, workforce, and agency development.

**REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards):**

1. A Request for Reimbursement is due, at a minimum, on a monthly basis, based on the terms of the sub-grant agreement, no later than the 15th of the month. If there has been no fiscal activity in a given month, a Request for Reimbursement claiming zero dollars is required to be submitted for the month.
2. Reimbursement is based on actual expenditures incurred during the period being reported.
3. Requests for advance of payment will not be considered or allowed by the Division.
4. Reimbursement must be submitted with all Division required supporting back up documentation. The Division has the authority to ask for additional supporting documentation at any time and the information must be provided to Division staff within 10 business days of the request.
5. Payment will not be processed without all programmatic reporting being current.
6. Reimbursement may only be claimed for allowable expenditures approved within the sub-grant award.
7. The subrecipient is required to submit a complete financial accounting of all expenditures to the Division within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. All remaining balances of a federally funded sub-grant revert back to the Division 30 days after the close of the subaward period.
8. The Request for Reimbursement to close the State Fiscal Year (SFY) is due at a minimum of 25 days after the close of the SFY which occurs on June 30. All remaining balances of the State funded subawards revert back to the State after the close of the SFY.
9. The subrecipient must retain copies of approved travel requests and claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of reimbursement requests for a period of three years from the date of submission of the State's final financial expenditure report submitted to the governing federal agency.

The subrecipient agrees that any failure to meet any of the conditions listed within the above Program Requirements may result in the withholding of reimbursement for payment, termination of current contract and/or the disqualification of future funding.

Amendment

## APPENDIX G

### ACRONYMS and DEFINITIONS

Additional acronyms and definitions are incorporated by reference in the SAMHSA grant documents listed in this RFA.

	<b>Description</b>
<b>AOR</b>	Authorized Organization Representative -An AOR submits a grant on behalf of a company, organization, institution, or government. Only an AOR has the authority to sign and submit grant applications.
<b>Agreement</b>	As used in the context of care coordination, an agreement is an arrangement between the CCBHC and external entities with which care is coordinated. Such an agreement is evidenced by a contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) with the other entity, or by a letter of support, letter of agreement, or letter of commitment from the other entity. The agreement describes the parties' mutual expectations and responsibilities related to care coordination.
<b>Applicant</b>	Organization/individual submitting an RFA in response to this RFA.
<b>Application Package</b>	A group of specific forms and documents for a specific funding opportunity which are used to apply for a grant. Mandatory forms are the forms that are required for the application. Please note that a mandatory form must be completed before the system will allow the applicant to submit the application package. Optional forms are the forms that can be used to provide additional support for an application, but are not required to complete the application package.
<b>Assumption</b>	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
<b>Awarded Applicant</b>	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFA.
<b>BOE</b>	State of Nevada Board of Examiners
<b>Behavioral health</b>	Behavioral health is a general term “used to refer to both mental health and substance use” (SAMHSA-HRSA [2015]).
<b>CCBHC or Clinic</b>	CCBHC and/or Clinic are used interchangeably to refer to Certified Community Behavioral Health Clinics as certified by states in accordance with these criteria and with the requirements of PAMA. A CCBHC may offer services in different locations. For multi-site organizations, however, only clinics eligible pursuant to these criteria and PAMA may be certified as CCBHCs.
<b>CCBHC directly provides</b>	When the term, “CCBHC directly provides” is used within these criteria it means employees or contract employees within the management structure and under the direct supervision of the CCBHC deliver the service.
<b>CFDA</b>	Catalog of Federal Domestic Assistance - An online database of all Federal programs available to state and local governments, Federally-recognized tribes, and nonprofits.
<b>CCRT</b>	Certification Criteria Readiness Tool
<b>Care coordination</b>	The Agency for Healthcare Research and Quality (2014) defines care coordination as “deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer’s care to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.” As used here, the term applies to activities by CCBHCs that have the purpose of coordinating and managing the care and services furnished to each consumer as required by PAMA (including both behavioral and physical health care), regardless of whether the care



	<b>Description</b>
	and services are provided directly by the CCBHC or through referral or other affiliation with care providers and facilities outside the CCBHC. Care coordination is regarded as an activity rather than a service.
<b><i>Case management</i></b>	Case management may be defined in many ways and can encompass services ranging from basic to intensive. The National Association of State Mental Health Program Directors (NASMHPD) defines case management as “a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational and other services essential to meeting basic human services; linkages and training for patient served in the use of basic community resources; and monitoring of overall service delivery” (NASMHPD [2014]). See also the definition of “targeted case management.”
<b><i>Confidential Information</i></b>	Any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid, proposal, or RFA. The term does not include the amount of a bid, proposal, or RFA.
<b><i>Consumer</i></b>	Within this document, the term “consumer” refers to clients, persons being treated for or in recovery from mental and/or substance use disorders, persons with lived experience, service recipients and patients, all used interchangeably to refer to persons of all ages (i.e., children, adolescents, transition aged youth, adults, and geriatric populations) for whom health care services, including behavioral health services, are provided by CCBHCs. Use of the term “patient” is restricted to areas where the statutory or other language is being quoted. Elsewhere, the word “consumer” is used.
<b><i>Contract Approval Date</i></b>	The date the State of Nevada Board of Examiners officially approves and accepts all contract language, terms and conditions as negotiated between the State and the successful applicant.
<b><i>Contract Award Date</i></b>	The date when applicants are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners.
<b><i>Contractor</i></b>	The company or organization that has an approved contract with the State of Nevada for services identified in this RFA. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
<b><i>Cooperative Agreement</i></b>	An award of financial assistance that is used to enter into the same kind of relationship as a grant and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the recipient in carrying out the activity contemplated by the award.
<b><i>Cost Share/Match</i></b>	The portion of a project or program costs not borne by the Federal government.
<b><i>Cross Reference</i></b>	A reference from one document/section to another document/section containing related material.
<b><i>Cultural and linguistic competence</i></b>	Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse consumers (Office of Minority Health [2014]).
<b><i>Designated Collaborating Organization (DCO)</i></b>	A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC.

	<b>Description</b>
<b><i>Disallowed Costs</i></b>	Charges to an award that the awarding agency determines to be unallowable, in accordance with the applicable Federal cost principles or other terms and conditions contained in the award.
<b><i>Discretionary Grant</i></b>	A grant (or cooperative agreement) for which the Federal awarding agency generally may select the recipient from among all eligible recipients, may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.
<b><i>Desirable</i></b>	The terms “may,” “can,” “should,” “preferably,” or “prefers” identify a desirable or discretionary item or factor.
<b><i>Division/Agency</i></b>	The Division/Agency requesting services as identified in this RFA.
<b><i>DUNS</i></b>	Dun and Bradstreet Number.
<b><i>Engagement</i></b>	Engagement includes a set of activities connecting consumers with needed services. This involves the process of making sure consumers and families are informed about and initiate access with available services and, once services are offered or received, individuals and families make active decisions to continue receipt of the services provided. Activities such as outreach and education can serve the objective of engagement. Conditions such as accessibility, provider responsiveness, availability of culturally and linguistically competent care, and the provision of quality care, also promote consumer engagement.
<b><i>Equipment</i></b>	Tangible, nonexpendable personal property, including exempt property, charged directly to the award and having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.
<b><i>Evaluation Committee</i></b>	Means a body appointed to conduct the evaluation of the applications, typically an independent committee comprised of a majority of State officers or employees established to evaluate and score applications submitted in response to the RFA.
<b><i>Exception</i></b>	A formal objection taken to any statement/requirement identified within the RFA.
<b><i>Family</i></b>	Families of both adult and child consumers are important components of treatment planning, treatment and recovery. Families come in different forms and, to the extent possible, the CCBHC should respect the individual consumer’s view of what constitutes their family. Families can be organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, care givers, friends, and others as defined by the family.
<b><i>Family-centered</i></b>	The Health Resources and Services Administration defines family-centered care, sometimes referred to as “family-focused care,” as “an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes families are the ultimate decision-makers for their children, with children gradually taking on more and more of this decision-making themselves. When care is family-centered, services not only meet the physical, emotional, developmental, and social needs of children, but also support the family’s relationship with the child’s health care providers and recognize the family’s customs and values” (Health Resources and Services Administration [2004]). More recently, this concept was broadened to explicitly recognize family-centered services are both developmentally appropriate and youth guided (American Academy of Child & Adolescent Psychiatry [2009]). Family-centered care is <i>family-driven</i> and <i>youth-driven</i> .
<b><i>Federal Register</i></b>	A daily journal of the U.S. Government containing notices, proposed rules, final rules, and presidential documents.

	<b>Description</b>
<b><i>Formal relationships</i></b>	As used in the context of scope of services and the relationships between the CCBHC and DCOs, a formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. This formal relationship does not extend to referrals for services outside either the CCBHC or DCO, which are not encompassed within the reimbursement provided by the PPS.
<b><i>Grant</i></b>	An award of financial assistance, the principal purpose of which is to transfer a thing of value from a Federal agency to a recipient to carry out a public purpose of support or stimulation authorized by a law of the United States [see 31 U.S.C. 6101(3)]. A grant is distinguished from a contract, which is used to acquire property or services for the Federal government's direct benefit or use.
<b><i>Grants.gov</i></b>	A storefront web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the <a href="http://www.grants.gov">www.grants.gov</a> site.
<b><i>IFC</i></b>	Interim Finance Committee.
<b><i>Key Personnel</i></b>	Applicant staff responsible for oversight of work during the life of the project and for deliverables.
<b><i>LCB</i></b>	Legislative Counsel Bureau.
<b><i>LOI</i></b>	Letter of Intent - notification of the State's intent to award a contract to an applicant, pending successful negotiations; all information remains confidential until the issuance of the formal notice of award.
<b><i>Limited English Proficiency (LEP)</i></b>	LEP includes individuals who do not speak English as their primary language or who have a limited ability to read, write, speak, or understand English and who may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.
<b><i>Mandatory</i></b>	The terms "must", "shall", "will", and "required" identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of an application.
<b><i>May</i></b>	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
<b><i>Minor Technical Irregularities</i></b>	Anything in the application that does not affect the price, quality, and quantity or any mandatory requirement.
<b><i>Must</i></b>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
<b><i>NAC</i></b>	Nevada Administrative Code –All applicable NAC documentation may be reviewed via the internet at: <a href="http://www.leg.state.nv.us">www.leg.state.nv.us</a> .
<b><i>NOA</i></b>	Notice of Award – Formal notification of the State's decision to award a contract, pending Board of Examiners' approval of said contract, any non-confidential information becomes available upon written request.
<b><i>NRS</i></b>	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the internet at: <a href="http://www.leg.state.nv.us">www.leg.state.nv.us</a> .
<b><i>OMB</i></b>	Office of Management and Budget.
<b><i>PAMA</i></b>	Protecting Access to Medicaid Act
<b><i>Pacific Standard Time (PST)</i></b>	Unless otherwise stated, all references to time in this RFA and any subsequent contract are understood to be Pacific Time.
<b><i>Peer Support Services</i></b>	Peer support services are services designed and delivered by individuals who have experienced a mental or substance use disorder and are in recovery. This also includes services designed and delivered by family members of those in recovery.
<b><i>Peer Support Specialist</i></b>	A peer provider (e.g., peer support specialist, recovery coach) is a person who uses their lived experience of recovery from mental or substance use disorders or as a

	<b>Description</b>
	family member of such a person, plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery and resiliency. In states where Peer Support Services are covered through the state Medicaid Plans, the title of “certified peer specialist” often is used. SAMHSA recognizes states use different terminology for these providers.
<b><i>Person-centered care</i></b>	Person-centered care is aligned with the requirements of Section 2402(a) of the Patient Protection and Affordable Care Act, as implemented by the Department of Health & Human Services Guidance to HHS Agencies for Implementing Principles of Section 2403(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs (Department of Health & Human Services [June 6, 2014]). That guidance defines “person-centered planning” as a process directed by the person with service needs which identifies recovery goals, objectives and strategies. If the consumer wishes, this process may include a representative whom the person has freely chosen, or who is otherwise authorized to make personal or health decisions for the person. Person-centered planning also includes family members, legal guardians, friends, caregivers, and others whom the person wishes to include. Person-centered planning involves the consumer to the maximum extent possible. Person-centered planning also involves self-direction, which means the consumer has control over selecting and using services and supports, including control over the amount, duration, and scope of services and supports, as well as choice of providers (Department of Health & Human Services [June 6, 2014]).
<b><i>Practitioner or Provider</i></b>	Any individual (practitioner) or entity (provider) engaged in the delivery of health care services and who is legally authorized to do so by the state in which the individual or entity delivers the services (42 CFR § 400.203).
<b><i>Project Costs</i></b>	All allowable costs, as set forth in the applicable Federal cost principles (see Sec. 74.27), incurred by a recipient and the value of the contributions made by third parties in accomplishing the objectives of the award during the project period.
<b><i>Project Period</i></b>	The period established in the award document during which awarding agency sponsorship begins and ends.
<b><i>Proprietary Information</i></b>	Any trade secret or confidential business information that is contained in a bid, proposal, or RFA submitted on a particular contract.
<b><i>Public Record</i></b>	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential, must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records.
<b><i>RFA</i></b>	Request for Application - a written statement which sets forth the requirements and qualifications of a contract to be awarded by an open and competitive selection.
<b><i>Recovery</i></b>	Recovery is defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” The 10 guiding principles of recovery are: hope; person-driven; many pathways; holistic; peer support; relational; culture; addresses trauma; strengths/responsibility; and respect. Recovery includes: Health (abstinence, “making informed healthy choices that support physical and emotional wellbeing”); Home (safe, stable housing); Purpose (“meaningful daily activities ... and the independence, income and resources to participate in society”); and Community (“relationships and social networks that provide support, friendship, love, and hope”) (Substance Abuse and Mental Health Services Administration [2012]).
<b><i>Recovery-oriented care</i></b>	Recovery-oriented care is oriented toward promoting and sustaining a person's recovery from a behavioral health condition. Care providers identify and build upon

	<b>Description</b>
	each individual's assets, strengths, and areas of health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community (Substance Abuse and Mental Health Services Administration [2015]).
<b><i>Redacted</i></b>	The process of removing confidential or proprietary information from a document prior to release of information to others.
<b><i>SAM</i></b>	State Administrative Manual. This document outlines the management of all Federal grant awards and provides guidance on sub-awards and sub-recipients.
<b><i>Satellite Clinic</i></b>	Satellite clinics must be separately qualified and certified to meet CCBHC mandatory requirements.
<b><i>Shall</i></b>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
<b><i>Shared Decision-Making (SDM)</i></b>	SDM is an approach to care through which providers and consumers of health care come together as collaborators in determining the course of care. Key characteristics include having the health care provider, consumer, and sometimes family members and friends taking steps in sharing a treatment decision, sharing information about treatment options, and arriving at consensus regarding preferred treatment options (Schauer, Everett, delVecchio, & Anderson [2007]).
<b><i>Should</i></b>	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
<b><i>Standard Form 424</i></b>	Standard government-wide grant application forms including: SF-424 (Application for Federal Assistance cover page); SF-424A (Budget Information Non-construction Programs); SF-424B (Assurances Non-construction Programs); SF-424C (Budget Information Construction Programs); and SF-424D (Assurances Construction Programs), plus named attachments including Project Narrative and Budget Narrative.
<b><i>State</i></b>	The State of Nevada and any agency identified herein.
<b><i>Subcontractor</i></b>	A third party, not directly employed by the contractor, who will provide services identified in this RFA. This does not include third parties who provide support or incidental services to the contractor.
<b><i>Sub-recipient</i></b>	The legal entity to which a sub-award is made, and which is accountable to the recipient for the use of the funds provided.
<b><i>Supplant</i></b>	Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. A written certification may be requested by the awarding agency stating that Federal funds will not be used to supplant State or local funds.
<b><i>Targeted case management</i></b>	Targeted case management is case management, as defined above, directed at specific groups, which may vary by state. CMS defines targeted case management as case management furnished without regard to requirements of statewide provision of service or comparability that typically apply for Medicaid reimbursement 42 CFR § 440.169(b). Examples of groups that might be targeted for case management are children with serious emotional disturbance, adults with serious mental and/or substance use disorders, pregnant women who meet risk criteria, individuals with HIV, and such other groups as a state might identify as in need of targeted case management. See also the definition of "case management."
<b><i>Trade Secret</i></b>	Information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure,

	Description
	computer programming instruction or code that: derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain commercial or economic value from its disclosure or use; and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
<b><i>Trauma-informed</i></b>	<b>Trauma-informed:</b> A trauma-informed approach to care “ <i>realizes</i> the widespread impact of trauma and understands potential paths for recovery; <i>recognizes</i> the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and <i>responds</i> by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively <i>resist re-traumatization</i> .” The six key principles of a trauma-informed approach include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration [2014]).
<b><i>User</i></b>	Department, Division, Agency or County of the State of Nevada.
<b><i>Will</i></b>	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.